



# VOICES OF THE ARAB COMMUNITIES

## INTRODUCTION

Demographic changes in the Seattle area are having a profound impact on the local health care delivery system. Health care providers need to hear from ethnic communities about their experience in trying to access health care. Offering culturally appropriate care requires being open to the perceptions, realities and expectations of a community that may be different from one's own.

The Cross Cultural Health Care Program (CCHCP) in Seattle, WA works with health care providers, interpreters and community-based organizations to address these needs. Established in 1992, the CCHCP is funded by a grant from the W.K. Kellogg Foundation. This "Voices of the Communities" profile is one of a series developed by the CCHCP. The profiles and an earlier survey of 22 underserved ethnic communities are part of the CCHCP's effort to provide a forum for underserved communities to interact with the health care community. These profiles were developed by and in consultation with members of the profiled community.

## ARAB DEMOGRAPHIC AND CULTURAL BACKGROUND

### **Location and nations**

Arabs are inhabitants of the Arab World who speak various dialects of the Arabic language and share the values and beliefs of the Arab culture. The "Arab World" includes 22 countries in the Middle East and North Africa, with a population of 180 million.

### **Religion**

In the Arab world, the majority of Arabs are Muslims. There are a large number of Arab Christians in Greater Syria (Lebanon, Syria and Palestine), Iraq and Egypt. More Arab Christians than Muslims have emigrated from their home countries. Many Muslim Arabs who are conservative in their religious beliefs do not eat pork or drink alcohol. They observe a fast in the daytime during Ramadan. Some Muslim women wear long dresses and scarves to cover the body.

### **Family life**

Elders have a prestigious status in the Arab family because of their experience. Family members look to elders for advice.



## THE ARAB COMMUNITIES IN THE SEATTLE AREA

### **Population size and residence**

Only a small number of families of Arab descent are known to have settled in the Pacific Northwest before 1960. With expansion of the aerospace industry in the 1960s, many Arab men who had come to the Seattle area as students found jobs here as engineers. They were later joined by a large number of students who came to study at Seattle-area universities and colleges. Many returned to their home countries. But with the civil war in Jordan and Lebanon, many families immigrated to join their sons. Many Palestinian families who fled the recent Gulf war have settled here. They were followed by Iraqi political refugees and their families.

The biotechnology and computer industries have attracted many Arab families who originally immigrated to other states. The specialized medical centers in Seattle, such as those for cancer treatment and organ transplants, have attracted many Arab patients to come here with their families for treatment.

Arab immigration to the Seattle area is about 500 individuals per year. The 1990 census estimated 4,000 Arabs in Washington (those who said in the census that they speak Arabic in their homes). But with more arriving in the last five years, the total now is closer to 10,000. The majority live in the Puget Sound area, especially in north Seattle. A large number of the new refugees have settled in Everett and Edmonds.

### **Employment and family life**

Arabs in the Pacific Northwest are primarily first generation immigrants who are still closely tied to beliefs and practices of their home country. Most are well educated and hold jobs in government or industry, or own their own businesses. Most are proud of their heritage but willing to adapt to American culture.

### **Community organizations**

Contacts with the local Arab community can be made through: the Arab Center of Washington, a nonprofit organization run by volunteers; the Near Eastern Department of the University of Washington; local Arab language interpreters; and the Islamic Idris Mosque in Seattle.

## CONCEPTS OF HEALTH CARE AND MEDICINE

### **Traditional healing**

Superstitious beliefs do not play a major role in treating patients. An individual who becomes sick will turn first to family members, especially elders, for support, comfort and advice. They may recommend safe, simple home remedies, many of which are encouraged by health professionals. Examples are:

Rest in bed under heavy covers to keep warm. It is believed that keeping the body warm will bring rapid recovery from such illnesses as measles.

Drink plenty of fluids, such as lemonade, soup and herb teas, to relieve abdominal pain and flu.

Use cold compresses and cold baths to alleviate fever.

Consume sugar, fresh citrus fruit, honey and maple syrup to ease a sore throat.

Drink a small amount of hard liquor to alleviate abdominal pain.

Drink boiled grain water to help remove kidney stones.

Use bleeding to lower blood pressure.

Use burning of the body part with hot metal to reduce sciatic pain and gastric pain.

Bandage the head with a cotton cloth to alleviate headache.

To treat muscle or back pain, massage in warm soapy water, then rub with oil and wrap in cloth for warmth.

Use cupping to alleviate back pain and bronchitis.

Wrap a newborn with several blankets to straighten the back bone.

A few Arabs still practice folk remedies that are not necessarily related to medicine but that comfort patients and their families. Such practices are declining. They are used primarily to avoid illness and harm to a healthy person. For example, some people wear amulets for protection against the evil eye or will burn incense to keep the evil eye away from the sick. (The evil eye is thought to be invoked when an individual or family receives something positive and this evokes jealousy in others, prompting the eyes of others to inflict harm to that person or family.)

Also, prayers and reading from Al Quran or the Bible help give comfort to patients and family members and enhance the patient's recovery.

### **Medical care and providers**

Arab culture and Islamic religion emphasize maintaining good health, especially through personal hygiene practices and a healthy diet. The concepts of science and medicine have been established in Arab culture since the 10th century. Arabs place a high value in modern Western medicine and have confidence in the medical profession.

A patient and family will not wait long to seek professional help. One or more family member will accompany the patient to a medical appointment. It is common for the family member to stay with the patient and to help answer questions about the patient's

health. In Arab countries, patients are told only the good news about their disease. In severe cases, the doctors generally report the seriousness of the illness and its likely consequences to a selected family member.

Patients are usually anxious to receive a medication as soon as possible. They will answer questions, will listen carefully to the health care provider's advice, explanations and warnings, and will follow the provider's directions carefully. Some patients may argue about lab testing, X-rays and medication but in the end will accept the provider's orders. However, once symptoms have improved, many patients will stop taking the prescribed medication or will not return for a scheduled follow-up appointment.

### **Social customs**

When a patient is admitted to the hospital, it is a social obligation for friends and family to visit and bring presents such as flowers, cookies or chocolate. It is common for recovering patients to send or bring gifts to their health care providers as a sign of appreciation. Some may invite providers to their homes or write a thank-you letter in the local newspaper.

### **Death**

Arabs believe that recovery from illness has to do with seeking a professional treatment and submission to God's will. Family members do not blame health care providers for the death of their loved one. They consider death to be a destiny decided by God. Family members need to be with the body until it is ready to be removed from the hospital. Muslims prefer to bury the body on the day death occurs.

### **Maternal and child health**

Most Arabs consider childbirth to be a female issue only. A woman in labor is usually surrounded by female relatives and friends. Fathers are not admitted to the labor room. Midwives play an important role in prenatal care, delivery and post-delivery consultation and are held in high regard in society and in the medical profession. Arab women prefer to breast-feed their newborns.

Arabs in general do not approve having an abortion.

### **Circumcision**

It is an Arab tradition to circumcise newborn boys.

## **CULTURAL BARRIERS TO HEALTH CARE**

### **Medical care and providers**

An Arab patient seeing a doctor expects relief from pain and to receive a medication on the first visit. Patients like doctors to explain the reasons for *not* getting medications and for all laboratory testing.

Nurses are perceived as helpers, not health care professionals, and their suggestions and advice are not taken seriously. Doctors may need to explain the nurse's role to the patient. Pregnant women prefer to be seen by midwives. Arabs are not accustomed to the profession of social workers. They rely on their families, other relatives and close friends for support and help.

### **Gender**

Generally, both male and female Arab patients and their children prefer to be seen by male doctors. For pregnancy or gynecological needs, women prefer a female doctor, however. In Arab culture, women are reluctant to discuss these concerns with men.

### **Privacy**

Some Arabs are reluctant to disclose detailed information about themselves and their families to strangers. They tend to give as little information as possible and may not give enough for a proper diagnosis. Being conservative, they may be embarrassed by questions about their sexual relationships and other personal questions.

Sexual problems and venereal diseases are difficult for Arab patients to deal with. Women are shy to talk about their private lives and may feel more comfortable with women doctors.

### **Maternal and child health**

Since midwives play an important role in prenatal care and childbirth in the Arab world, it is highly recommended that pregnant women be seen by midwives. However, increasingly, many prefer to be seen by female doctors.

### **Mental health**

Typically, Arabs look down on people who are mentally ill. Patients with mental health concerns do not like to share this information with their relatives or friends and are shy of seeking professional help.

## **Diet**

Diet may be an issue for Muslim patients. During Ramadan, many patients resist taking medications or eating during the daytime. Since Muslims do not eat pork, patients may not eat all hospital meals. Some eat only Halal meat (meat from animals slaughtered according to Islamic tradition). Because of shyness, fear of rejection, or lack of knowledge, many Arab patients will not ask for different meals.

## **Language and interpreters**

Language is a barrier in seeking health care for newly arrived immigrants. Patients usually bring a relative or friend to medical appointments to serve as interpreter. They accept the presence of a professional interpreter and may look to the interpreter for support and advice. A good interpreter plays an important role for both the patient and the doctor.

## **Suggestions**

If no medication is given, the doctor should explain why.

Doctors should explain the reasons for all laboratory testing.

Doctors may need to take the time to explain the nurse's role to the patient.

Doctors need to build trust with patients in order to get all the information needed for a proper diagnosis.

Doctors should take the time to evaluate and discuss conditions of a mentally ill patient.

It is important for health care providers to ask their patients about their diet, especially if they are to be hospitalized.

Social workers should ask patients if they have family or friends who can help.

## **FOR MORE INFORMATION**

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This profile is based on interviews with Arab community members, including: a medical doctor who has worked with Arab patients for many years, an Arab-speaking interpreter, a university professor, two political refugees, a graduate student whose cousin came to Seattle for cancer treatment, and six other individuals. Four elders from the community reviewed the author's draft.

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This is a condensed version of the profile. For the complete profile and survey reports, please contact the Cross Cultural Health Care Program, (206) 860-0329 or [www.xculture.org](http://www.xculture.org).

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